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CONFIRMATION NO. 4114

<b>SERIAL NUMBER</b> 10/574,163	<b>FILING OR 371(c) DATE</b> 03/29/2006 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1657	<b>ATTORNEY DOCKET NO.</b> 8028-005-US
<b>APPLICANTS</b> Jin Liu, Barrington, RI; Ronald A. Faris, Providence, RI;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/33091 10/07/2004 which claims benefit of 60/510,509 10/10/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/25/2006</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> RI	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 40
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 87008				
<b>TITLE</b> IMMORTALIZED HEPATOCYTES				
<b>FILING FEE RECEIVED</b> 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	